

## MAIN STUDY - ROUND 10

## COMMUNITY COMPONENT

## HI. HEALTH INSURANCE

BOX HIS1A	GO TO HIINTRO IF NO PREVIOUS HEALTH INSURANCE DATA. OTHERWISE, GO TO HISINTRO.
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HISINTRO. Now I'd like to review with you the information we have about health insurance plans that (you/SP) had at the time of the last interview.

[HAND HEALTH INSURANCE SUMMARY PAGE TO R.]

[PRESS ENTER TO CONTINUE.]

HIS1. [Let's see if there are any other changes we need to make to the health insurance coverage (you/SP) had as of the (PREVIOUS ROUND INTERVIEW DATE).] [(You/SP) had Medicare coverage and (you were/he was/she was) also covered by (READ PLAN NAMES BELOW)/The only health insurance coverage (you/SP) had was Medicare] on (PREVIOUS ROUND INTERVIEW DATE). Is that correct?

YES, ALL CORRECT AS SHOWN..... 1 (HISCLOSE)

NO, PLAN MISSING..... 2 (HIS3)

NO, PLAN NAME INCORRECT..... 3 (HIS2)

NO, PLAN NEEDS DELETION..... 4 (HIS2)

DON'T KNOW..... -8 (HISCLOSE)

HIS2. [What is the name of the plan that (is incorrect/needs deletion)?]

BOX HIS1	RETURN TO HIS1.
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HIS3. [What type of insurance plan needs to be added?]

MEDICAID..... 1 BOX HIS2

PUBLIC PLAN OTHER THAN MEDICAID.. 2 BOX HIS2

PRIVATE HEALTH INSURANCE PLAN.... 3 BOX HIS2

BOX HIS2	IF 1, ASK HIS6 - HIS10, THEN RETURN TO HIS1. IF 2, ASK HIS12 - HIS16, THEN RETURN TO HIS1. IF 3, ASK HIS20 - HIS33, THEN RETURN TO HIS1.
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HIS4 and HIS5 omitted.

HIS6. (Were you/Was SP) covered by Medicaid the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

<b>COVTIME</b>	THE WHOLE TIME.....	1	(HIS10)
	PART OF THE TIME.....	2	(HIS7)
	REFUSED.....	-7	(HIS1)
	DON'T KNOW.....	-8	(HIS1)

HIS7. (Were you/Was SP) covered by Medicaid on (PREVIOUS ROUND INTERVIEW DATE)?

<b>COVNOW</b>	YES.....	1	(HIS8)
	NO.....	2	(HIS9)
	REFUSED.....	-7	(HIS1)
	DON'T KNOW.....	-8	(HIS1)

HIS8. On what date did (your/SP's) MEDICAID start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

<b>COVBEGMM</b>	_____ / _____ / _____	(HIS10)
<b>COVBEGDD</b>	MONTH DAY YEAR	
<b>COVBEGYY</b>		

HIS9. On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) MEDICAID coverage stop?

<b>COVENDMM</b>	_____ / _____ / _____	(HIS1)
<b>COVENDDD</b>	MONTH DAY YEAR	
<b>COVENDYY</b>		

HIS10. May I please see (your/SP's) MEDICAID card to verify the date of coverage?

[IF DATE NOT SHOWN, CODE AS "CURRENT."]

<b>AIDTYPE</b>	CARD AVAILABLE, CURRENT.....	1	} (HIS1)
<b>AIDTYPOS</b>	CARD AVAILABLE, EXPIRED.....	2	
	CARD NOT AVAILABLE, OR NOT SEEN..	3	
	OTHER CARD SEEN (SPECIFY)_____	91	

HIS11 omitted.

HIS12. What is the name of the public program that covered (you/SP)?  
[ENTER ALL PUBLIC PROGRAMS.]

HIS13. (Were you/Was SP) covered by (HIS12 PUBLIC PLAN NAME) the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

**COVTIME** THE WHOLE TIME..... 1 BOX HIS3  
PART OF THE TIME..... 2 (HIS14)  
REFUSED..... -7 BOX HIS3  
DON'T KNOW..... -8 BOX HIS3

HIS14. (Were you/Was SP) covered by (HIS12 PUBLIC PLAN NAME) on (PREVIOUS ROUND INTERVIEW DATE)?

**COVNOW** YES..... 1 (HIS15)  
NO..... 2 (HIS16)  
REFUSED..... -7 BOX HIS3  
DON'T KNOW..... -8 BOX HIS3

HIS15. On what date did (your/SP's) (HIS12 PUBLIC PLAN NAME) coverage start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

**COVBEGMM** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BOX HIS3  
**COVBEGDD** MONTH DAY YEAR  
**COVBEGYY**

HIS16. On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) (HIS12 PUBLIC PLAN NAME) coverage stop?

**COVENDMM** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BOX HIS3  
**COVENDDD** MONTH DAY YEAR  
**COVENDYY**

HIS17/HIS18 OMITTED.

BOX  
HIS3

GO TO HIS13 FOR NEXT PUBLIC PLAN ADDED AT HIS12. IF NO  
OTHER PUBLIC PLAN THEN GO TO HIS1.

HIS20. What is the name of each of the other private plans that provide (your/SP's) medical insurance coverage? [ENTER ALL PRIVATE PLANS.]

**PLNAME**  
**PLANSUMM**

HIS21. (Were you/Was SP) covered by (HIS20 PLAN NAME) the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

<b>COVTIME</b>	THE WHOLE TIME.....	1	(HIS25)
	PART OF THE TIME.....	2	(HIS22)
	REFUSED.....	-7	(HIS25)
	DON'T KNOW.....	-8	(HIS25)

HIS22. (Were you/Was SP) covered by (HIS20 PLAN NAME) on (PREVIOUS ROUND INTERVIEW DATE)?

<b>COVNOW</b>	YES.....	1	(HIS23)
	NO.....	2	(HIS24)
	REFUSED.....	-7	(HIS25)
	DON'T KNOW.....	-8	(HIS25)

HIS23. On what date did (your/SP's) coverage under (HIS20 PLAN NAME) start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

<b>COVBEGMM</b>	_____	/	_____	/	_____	(HIS25)
<b>COVBEGDD</b>	MONTH		DAY		YEAR	
<b>COVBEGYY</b>						

HIS24. On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) coverage under (HIS20 PLAN NAME) stop?

<b>COVENDMM</b>	_____	/	_____	/	_____	(HIS25)
<b>COVENDDD</b>	MONTH		DAY		YEAR	
<b>COVENDYY</b>						

HIS25. [CODE WITHOUT ASKING IF VOLUNTEERED.]  
(Is/Was) this an HMO (Health Maintenance Organization)?  
(HMO stands for Health Maintenance Organization, an organization that, for a prepaid fee, provides a full range of health care services.)

<b>PRVHMO</b>	YES.....	1
<b>PLHMOERR</b>	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

HIS26. Who (is/was) listed as the main insured person on the (HIS20 PLAN NAME) policy or contract?  
[ENTER ONLY ONE PERSON.]

**PLMIPNUM**  
**MIPNUM**

HIS27. For the (HIS20 PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

	DIRECTLY.....	1	(HIS29)
<b>PRVGET</b>	(MIP'S) CURRENT EMPLOYER.....	2	
			(HIS28)
<b>PPRVGET</b>	(MIP'S) FORMER EMPLOYER.....	3	}
	(MIP'S) UNION.....	4	(HIS29)
	(MIP'S) FAMILY BUSINESS.....	5	(HIS28)
	AARP.....	6	(HIS29)
	DECEASED SPOUSE'S EMPLOYER.....	7	(HIS28)
	DECEASED SPOUSE'S UNION.....	8	(HIS29)
<b>PRVGETOS</b>	SOME OTHER WAY (SPECIFY).....	91	
	REFUSED.....	-7	
<b>PPRVGTOS</b>	DON'T KNOW.....	-8	} (HIS29)

HIS28. What kind of business or industry is (RESPONSE IN HIS27)? That is, what does (RESPONSE IN HIS27) make or do?  
RECORD VERBATIM.

<b>PRVBUS1</b>	<b>PPRVBUS1</b>	_____
<b>PRVBUS2</b>	<b>PPRVBUS2</b>	_____
<b>PRVBUS3</b>	<b>PPRVBUS3</b>	
<b>INDCODE</b>	<b>PINDCODE</b>	

HIS29. How many family members, including (yourself/SP), were covered by (your/MIP's) (HIS20 PLAN NAME) between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

**PRVNMCOV** NUMBER COVERED: \_\_\_\_\_

HIS30. Did (your/MIP's) (HIS20 PLAN NAME) plan cover medicines prescribed by a doctor?

<b>PRVRXCOV</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

HIS31. Would (your/MIP's) (HIS20 PLAN NAME) plan have covered any part of a stay in a nursing home?

**PRVNHCOV** YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

HIS32. Did (you/MIP) pay any or all of the premium or cost for the (HIS20 PLAN NAME) coverage?  
 [Do not include the cost of any deductibles (you/SP) or (your/SP's) family may have had to pay.]

**MIPPINS** YES..... 1 (HIS33)  
 NO..... 2 BOX HIS4  
 REFUSED..... -7 BOX HIS4  
 DON'T KNOW..... -8 BOX HIS4

HIS33. How much did (you/MIP) pay for the (HIS20 PLAN NAME) coverage?  
 [PROBE IF NECESSARY: Was that per year, per month, per week, or what?]

**MIPPAMT** AMOUNT: \$\_\_\_\_\_.

**MIPPUNIT** PER YEAR..... 1  
 QUARTERLY/EVERY 3 MONTHS..... 2  
 BIMONTHLY/EVERY 2 MONTHS..... 3  
 PER MONTH..... 4  
 PER WEEK..... 5  
 SEMI-ANNUALLY/2 TIMES PER YEAR... 6  
 SEMIMONTHLY/2 TIMES PER MONTH.... 7  
 REFUSED..... -7  
 DON'T KNOW..... -8

**MIPPUNOS** OTHER (SPECIFY)\_\_\_\_\_ 91

} BOX HIS4

BOX HIS4	CYCLE THROUGH QUESTIONS HIS21 - HIS33 FOR EACH PRIVATE PLAN REPORTED AT HIS20. WHEN ALL PLANS ADDED HAVE BEEN DISCUSSED, RETURN TO HIS1, LISTING EACH PLAN NAME REPORTED IN HIS20.
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HISCLOSE That covers the health insurance (you/SP) had at the time of the last interview. The next questions are about the time between (PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).

BOX HI1	IF SP COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI6 FOR THIS ROUND. IF SP NOT COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI5INTRO.
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HIINTRO. [PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:]

In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under the Privacy Act of 1974, providing us (your/SP's) number is a voluntary decision and the benefits (you/SP) may be receiving under this program will not be affected by your decision.  
 [PRESS ENTER TO CONTINUE.]

HI1. People covered by Medicare usually have a card that looks like this.  
 (Do you/Does SP) have such a card?

SHOW CARD HI1
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**MCCARD**

YES..... 1 (HI4)  
 NO..... 2 (HI2)  
 (SP/PROXY) REPORTS THAT (HE/SHE/SP)  
 IS NOT ELIGIBLE FOR MEDICARE..... 3 (HI2)  
 REFUSED..... -7 (HI5INTRO)  
 DON'T KNOW..... -8 (HI2)

HI2. (Are you/Is SP) eligible for benefits from the Railroad Retirement Board?

**RRBELIG**

YES..... 1 (HI3)  
 NO..... 2 (HI5INTRO)  
 REFUSED..... -7 (HI5INTRO)  
 DON'T KNOW..... -8 (HI5INTRO)

HI3. (Do you/Does SP) have an RRB card ?

SHOW CARD HI2
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**RRBCARD**

YES..... 1 (HI4)  
 NO..... 2 (HI5INTRO)  
 REFUSED..... -7 (HI5INTRO)  
 DON'T KNOW..... -8 (HI5INTRO)

HI4.

a. INTERVIEWER: IS (SP'S) CARD AVAILABLE?

**CARDAVAL** YES..... 1 (b)  
 NO..... 2 (HI5INTRO)

b. NUMBER: (DISPLAY NUMBER FROM HCFA FILES.)

INTERVIEWER: VERIFY THE NUMBER AGAINST (SP'S) CARD. DO THE  
 NUMBERS MATCH?

**CARDMATC** YES..... 1 (HI5INTRO)  
 NO..... 2 (c)

c. DOES (SP'S) CARD NUMBER BEGIN WITH A LETTER OR A NUMBER?

**CARDLN** LETTER..... 1 (HI4d1)  
**CARDFORM** NUMBER..... 2 (HI4d2: DISPLAY  
 MEDICARE ENTRY  
 FIELD)

d1. IS THE NUMBER ON THE CARD SEPARATED BY HYPHENS?

[DOES THE NUMBER LOOK SIMILAR TO THE SOCIAL SECURITY  
 NUMBER?] I.E. (000-00-0000)

**CARDSET** HYPHENS..... 1 (H14d2:  
 NO HYPHENS..... 2 } DISPLAY  
 APPROPRIATE RRB  
 ENTRY FIELD)

d2. WHAT IS THE NUMBER ON THE CARD?

MEDICARE NUMBER: ( ) - ( ) - ( ) - ( )

OR

RRB NUMBER: ( ) - ( ) - ( ) - ( )

OR

( )

**NEWMCRRB**

e. WHAT TYPE OF COVERAGE DOES (SP) HAVE?

**CARDTYPE** HOSPITAL ONLY..... 1  
 MEDICAL AND HOSPITAL..... 2  
 MEDICAL ONLY..... 3



f. WHAT IS THE DATE OF COVERAGE?

CARDMM  
CARDDD  
CARDYY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

HI5INTRO. [PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:]

Medicaid [,also known as (STATE NAME FOR MEDICAID),] is a state program for low income persons or for persons on public assistance. Sometimes persons with very large medical bills are also covered by Medicaid. People covered by Medicaid usually have a card that looks like this.

SHOW CARD HI3
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[PRESS ENTER TO CONTINUE.]

HI5. At any time [since (REF. DATE), (have you/has SP) been/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP) covered by Medicaid?

**AIDCOVER** YES..... 1 (HI6)  
NO..... 2 BOX HI2  
REFUSED..... -7 BOX HI2  
DON'T KNOW..... -8 BOX HI2

BOX HI2	IF 2, -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF 2, -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.
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HI6. [At the time of the last interview (you were/SP was) covered by Medicaid, [also known as (STATE NAME FOR MEDICAID).]] (Were you/Was SP) covered by Medicaid the whole time between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

**COVTIME** THE WHOLE TIME..... 1 (HI10)  
PART OF THE TIME..... 2 (HI7)  
REFUSED..... -7 BOX HI3  
DON'T KNOW..... -8 BOX HI3

BOX HI3	IF -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.
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HI7. (Are you/Is SP) now covered by Medicaid?

[Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW                      YES..... 1    BOX HI4  
                                  NO..... 2    (HI9)  
                                  REFUSED..... -7    BOX HI4  
                                  DON'T KNOW..... -8    BOX HI4

BOX HI4	IF 1 AND SP COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI10. IF 1 AND SP NOT COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI8. IF -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13. IF -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11.
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HI8. On what date did (your/SP's) Medicaid start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    BOX HI5  
 COVBEGDD                      MONTH                      DAY                      YEAR  
 COVBEGYY

BOX HI5	IF SP IS DECEASED OR INSTITUTIONALIZED AND WAS COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF SP IS DECEASED OR INSTITUTIONALIZED AND WAS <u>NOT</u> COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND. IF SP IS NOT DECEASED OR INSTITUTIONALIZED, GO TO HI10.
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## HEALTH INSURANCE (HI)

Household (Round 10 Main)

- HI9. On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (your/SP's) Medicaid coverage (most recently/last) stop?

COVENDMM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BOX HI6  
 COVENDDD MONTH DAY YEAR  
 COVENDYY

BOX HI6	IF SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.
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- HI10. May I please see (your/SP's) Medicaid card to verify the date of coverage?  
 [IF DATE NOT SHOWN, CODE AS "CURRENT".]

AIDTYPE CARD AVAILABLE, CURRENT..... 1  
 AIDTYOS CARD AVAILABLE, EXPIRED..... 2  
 CARD NOT AVAILABLE, OR NOT SEEN.. 3  
 OTHER CARD SEEN (SPECIFY)\_\_\_\_\_ 91

BOX HI7	IF SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.
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- HI11. At any time [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP) been/was (SP)] covered by any other public program that pays for medical care [for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM), a public program that pays for prescribed medicine]?

PUBCOVER YES..... 1 (HI12)  
 NO..... 2 BOX HI8  
 REFUSED..... -7 BOX HI8  
 DON'T KNOW..... -8 BOX HI8

BOX HI8	IF 2, -7, OR -8 AND SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR THIS ROUND. IF 2, -7 OR -8 AND SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17 FOR THIS ROUND.
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HI12. What is the name of the public program that covered (you/SP)?  
[ENTER ALL PUBLIC PROGRAMS.]

**PLNAME**

HI13. [At the time of the last interview (you were/SP was) covered by (PUBLIC PLAN NAME).] (Were you/Was SP) covered by (PUBLIC PLAN NAME) the whole time between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

**COVTIME** THE WHOLE TIME..... 1 BOX HI9  
PART OF THE TIME..... 2 (HI14)  
REFUSED..... -7 BOX HI9  
DON'T KNOW..... -8 BOX HI9

BOX HI9	<p>IF 1, -7 OR -8 AND HI13 BEING ASKED FOR PUBLIC PLAN FROM PREVIOUS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN FROM PREVIOUS ROUND. IF NO MORE PUBLIC PLANS FROM PREVIOUS ROUND, GO TO HI11 TO COLLECT ANY NEW PUBLIC PLANS FOR THIS ROUND.</p> <p>IF 1, -7 OR -8 AND HI13 BEING ASKED FOR PUBLIC PLAN COVERAGE FOR THIS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN; (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.</p>
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HI14. [(Are you/Is SP) now covered by (PUBLIC PLAN NAME)?] [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

**COVNOW** YES..... 1 BOX HI10  
NO..... 2 (HI16)  
REFUSED..... -7 BOX HI10  
DON'T KNOW..... -8 BOX HI10

BOX HI10	<p>IF 1, -7 OR -8 AND SP WAS COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR NEXT PREVIOUS ROUND PUBLIC PLAN OR GO TO HI11 FOR THIS ROUND.</p> <p>IF 1 AND SP WAS <u>NOT</u> COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI15.</p> <p>IF -7 OR -8 AND SP WAS <u>NOT</u> COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI17.</p>
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## HEALTH INSURANCE (HI)

Household (Round 10 Main)

HI15. On what date did (your/SP's) (PUBLIC PLAN NAME) coverage start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BOX HI11  
 COVBEGDD MONTH DAY YEAR  
 COVBEGYY

BOX HI11	GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN. (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.
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HI16. On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and [DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (your/SP's) (PUBLIC PLAN NAME) coverage (most recently/last) stop?

COVENDMM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BOX HI12  
 COVENDDD MONTH DAY YEAR  
 COVENDYY

BOX HI12	IF HI16 BEING ASKED FOR PUBLIC PLAN FROM PREVIOUS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN FROM PREVIOUS ROUND. IF NO MORE PUBLIC PLANS FROM PREVIOUS ROUND, GO TO HI11 TO COLLECT ANY NEW PUBLIC PLANS FOR THIS ROUND. IF HI16 BEING ASKED FOR PUBLIC PLAN COVERAGE FOR THIS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN. (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.
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HI17. (I would like to ask about other types of health insurance.) At any time [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP) been/was (SP)] covered by (any other) private health insurance (that is, a plan that pays hospital or doctor bills or covers the cost of prescribed medicines)?

PRVCOVER YES..... 1 (HI20)  
 NO..... 2 BOX HI13  
 REFUSED..... -7 BOX HI13  
 DON'T KNOW..... -8 BOX HI13

BOX HI13	<p>IF 2, -7 OR -8 AND SP WAS COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, AND SP SERVED IN THE ARMED FORCES (I.E., EN9 OR EN11=1), GO TO BOX HI20.</p> <p>IF 2, -7 OR -8 AND SP WAS COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, AND SP DID NOT SERVE IN THE ARMED FORCES (I.E., 1 EN9 OR EN11=2), GO TO BOX HI21. OTHERWISE, GO TO HI18.</p>
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HI18. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP) belonged/did (SP) belong] to a Health Maintenance Organization -- that is, an HMO for a private health insurance plan -- or any kind of private prepaid medical plan?

**HMOCOVER**

YES.....	1	(HI20)	
NO.....	2		} BOX HI13A 
REFUSED.....	-7		
DON'T KNOW.....	-8		

BOX HI13A	IF 2, -7, -8 AND SUPPLEMENTAL SAMPLE OR 1ST COMMUNITY INTERVIEW, GO TO HI19. OTHERWISE, GO TO HI34.
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HI19. Some people who are eligible for Medicare have additional coverage through a private insurance carrier. This is sometimes referred to as Medigap or Medicare Supplement. At any time since (REF. DATE) did (you/SP) have this type of health insurance coverage?

**GAPCOVER**

YES.....	1	(HI20)
NO.....	2	(HI34)
REFUSED.....	-7	(HI34)
DON'T KNOW.....	-8	(HI34)

HI20. What is the name of each of the other private plans that provide(d) (your/SP's) medical insurance coverage?  
[ENTER ALL PRIVATE PLANS.]

**PLNAME**

BOX HI14	ASK HI21 - HI33 FOR EACH PLAN COLLECTED IN HI20.
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HI21. [At the time of the last interview (you were/SP was) covered by (PLAN NAME).] (Were you/Was SP) covered by (PLAN NAME) the whole time between (REF. DATE) and (today/ DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

**COVTIME** THE WHOLE TIME..... 1 BOX HI15  
 PART OF THE TIME..... 2 (HI22)  
 REFUSED..... -7 BOX HI15  
 DON'T KNOW..... -8 BOX HI15

HI14A OMITTED.

BOX  
HI15

IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND, GO TO HI25. IF THIS PLAN "CURRENT" IN PREVIOUS ROUND, AND THIS ROUND SUPPLEMENTAL SAMPLE ADDED, GO TO HI22a. OTHERWISE, GO TO BOX HI16A.

HI22. [(Are you/Is SP) now covered by (PLAN NAME)?] [Was (SP) covered by (PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

**COVNOW** YES..... 1 BOX HI16  
 NO..... 2 (HI24)  
 REFUSED..... -7 BOX HI16  
 DON'T KNOW..... -8 BOX HI16

BOX  
HI16

IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND AND HI22 = 1, GO TO HI23.  
 IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND AND HI22=-7 OR -8, GO TO HI25.  
 IF THIS PLAN "CURRENT" IN PREVIOUS ROUND, AND THIS ROUND SUPPLEMENTAL SAMPLE ADDED, GO TO HI22a.  
 OTHERWISE, GO TO BOX HI16A.

HI22a. Who (is/was) listed as the main insured person on the (PLAN NAME) policy or contract?  
 [ENTER ONLY ONE PERSON.]

**MIPNUM**  
**PLMIPNUM**

## HEALTH INSURANCE (HI)

Household (Round 10 Main)

HI22b. For the (PLAN NAME), did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

<b>PRVGET</b>	DIRECTLY .....	1	(HI22d)
<b>PPRVGET</b>	(MIP'S) CURRENT EMPLOYER.....	2	(HI22c)
	(MIP'S) FORMER EMPLOYER.....	3	(HI22c)
	(MIP'S) UNION.....	4	(HI22d)
	(MIP'S) FAMILY BUSINESS.....	5	(HI22c)
	AARP.....	6	(HI22d)
	DECEASED SPOUSE'S EMPLOYER.....	7	(HI22c)
	DECEASED SPOUSE'S UNION.....	8	(HI22d)
<b>PRVGETOS</b>	REFUSED.....	-7	} (HI22d)
	DON'T KNOW.....	-8	
<b>PPRVGTOS</b>	SOME OTHER WAY_____	91	

HI22c. What kind of business or industry is (RESPONSE IN HI27)? That is, what does (RESPONSE IN HI27) make or do? [RECORD VERBATIM.]

<b>PRVBUS1</b>	<b>PPRVBUS1</b>	_____
<b>PRVBUS2</b>	<b>PPRVBUS2</b>	_____
<b>PRVBUS3</b>	<b>PPRVBUS3</b>	_____
<b>INDCODE</b>	<b>PINDCODE</b>	

HI22d. How many family members, including (yourself/SP), (are/were) covered by (your/MIP's) (PLAN NAME)?

**PRVNMCOV** NUMBER COVERED \_\_\_\_\_

HI22e. (Does/Did) (your/MIP's) (PLAN NAME) plan cover medicines prescribed by a doctor?

<b>PRVRXCOV</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

HI22f. Would (your/MIP's) (PLAN NAME) plan (cover/have covered) any part of a stay in a nursing home?

<b>PRVNHCOV</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8



HI22g. (Do you/Does (MIP)/Did (SP)/Did (MIP)] pay any or all of the premium or cost for the (PLAN NAME) coverage?  
[Do not include the cost of any deductibles (you/SP) or (your/SP's) family may (have/have had) to pay.]

**MIPPINS** YES..... 1 (HI22b)  
NO..... 2 BOX HI16A  
REFUSED..... -7 BOX HI16A  
DON'T KNOW..... -8 BOX HI16A

HI22h. How much (do you/does (MIP)/did (SP)/did (MIP)] pay for the (PLAN NAME) coverage?  
[PROBE IF NECESSARY:] (Is/Was) that per year, per month, per week, or what?]

AMOUNT \$\_\_\_\_\_.

**MIPPAMT** PER YEAR..... 1  
QUARTERLY/EVERY 3 MONTHS..... 2  
BIMONTHLY/EVERY 2 MONTHS..... 3  
PER MONTH..... 4  
PER WEEK..... 5

**MIPPUNIT** SEMI-ANNUALLY/2 TIMES PER YEAR... 6  
SEMI-MONTHLY/2 TIMES PER MONTH... 7

**MIPPUNOS** OTHER (SPECIFY)\_\_\_\_\_ 91  
REFUSED..... -7  
DON'T KNOW..... -8

BOX HI16A	GO TO HI21 FOR NEXT PREVIOUS ROUND PRIVATE PLAN OR GO TO HI17 TO COLLECT NEW PRIVATE PLANS FOR THIS ROUND.
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HI23. On what date did (your/SP's) coverage under (PLAN NAME) start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

**COVBEGMM** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (HI25)  
**COVBEGDD** MONTH DAY YEAR  
**COVBEGYY**

HI24. On what date since [(REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (your/SP's) coverage under (PLAN NAME) stop?

**COVENDMM** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**COVENDDD** MONTH DAY YEAR  
**COVENDYY**

BOX HI17	<p>IF HI24 BEING ASKED FOR PRIVATE PLAN FROM PREVIOUS ROUND, GO TO HI21 FOR NEXT PRIVATE PLAN FROM PREVIOUS ROUND. IF NO MORE PRIVATE PLANS FROM PREVIOUS ROUND, GO TO HI17 TO COLLECT ANY NEW PRIVATE PLANS FOR THIS ROUND.</p> <p>IF HI24 BEING ASKED FOR PRIVATE PLAN COVERAGE FOR THIS ROUND, GO TO HI25.</p>
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HI25. [CODE WITHOUT ASKING IF VOLUNTEERED.]  
 (Is/Was) this an HMO (Health Maintenance Organization)?  
 [HMO stands for Health Maintenance Organization, an organization that, for a prepaid fee, provides a full range of health care services.]

<b>PRVHMO</b>	YES.....	1
<b>PLHMOERR</b>	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

HI26. Who (is/was) listed as the main insured person on the (PLAN NAME) policy or contract?  
 [ENTER ONLY ONE PERSON.]

**PLMIPNUM**  
**MIPNUM**

HI27. For the (PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

<b>PRVGET</b>	DIRECTLY.....	1	(HI29)
<b>PPRVGET</b>	(MIP'S) CURRENT EMPLOYER.....	2	(HI28)
	(MIP'S) FORMER EMPLOYER.....	3	(HI28)
	(MIP'S) UNION.....	4	(HI29)
	(MIP'S) FAMILY BUSINESS.....	5	(HI28)
	AARP.....	6	(HI29)
	DECEASED SPOUSE'S EMPLOYER.....	7	(HI28)
	DECEASED SPOUSE'S UNION.....	8	(HI29)
	REFUSED.....	-7	} (HI22d)
<b>PRVGET</b>	DON'T KNOW.....	-8	
<b>PPRVGTOS</b>	SOME OTHER WAY_____	91	

## HEALTH INSURANCE (HI)

Household (Round 10 Main)

HI28. What kind of business or industry is (RESPONSE IN HI27)? That is, what does (RESPONSE IN HI27) make or do? [RECORD VERBATIM.]

PRVBUS1      PPRVBUS1      \_\_\_\_\_  
 PRVBUS2      PPRVBUS2      \_\_\_\_\_  
 PRVBUS3      PPRVBUS3      \_\_\_\_\_  
 INDCODE      PINDCODE

HI29. How many family members, including (yourself/SP), (are/were) covered by (your/MIP's) (PLAN NAME)?

PRVNMCOV      NUMBER COVERED \_\_\_\_\_

HI30. (Does/Did) (your/MIP's) (PLAN NAME) plan cover medicines prescribed by a doctor?

PRVRXCOV      YES..... 1  
                  NO..... 2  
                  REFUSED..... -7  
                  DON'T KNOW..... -8

HI31. Would (your/MIP's) (PLAN NAME) plan (cover/have covered) any part of a stay in a nursing home?

PRVNHCOV      YES..... 1  
                  NO..... 2  
                  REFUSED..... -7  
                  DON'T KNOW..... -8

HI32. [Do you/Does (MIP)/Did (you/MIP)/Did (MIP)] pay any or all of the premium or cost for the (PLAN NAME) coverage?  
 [Do not include the cost of any deductibles (you/SP) or (your/SP's) family may (have/have had) to pay.]

MIPPINS      YES..... 1 (HI33)  
                  NO..... 2 BOX HI18  
                  REFUSED..... -7 BOX HI18  
                  DON'T KNOW..... -8 BOX HI18

BOX HI18	<p>IF 2, -7 OR -8, CYCLE THROUGH QUESTIONS HI21-HI33 FOR EACH PRIVATE PLAN REPORTED IN HI20.</p> <p>IF HI34=1 IN PREVIOUS ROUND OR IF HI34=1 OR 2 OR MISSING FOR THIS ROUND, GO TO HI35.</p> <p>IF HI34=2 OR MISSING (-7, -8, -9) IN PREVIOUS ROUND OR =-1 (INAPPLICABLE) FOR THIS ROUND, GO TO HI34.</p>
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HI33. How much [do you/does (MIP)/did (you/MIP)/did (MIP)] pay for the (PLAN NAME) coverage?  
 [PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]

AMOUNT \$\_\_\_\_\_.

<b>MIPPAMT</b>	PER YEAR.....	1
	QUARTERLY/EVERY 3 MONTHS.....	2
	BIMONTHLY/EVERY 2 MONTHS.....	3
	PER MONTH.....	4
	PER WEEK.....	5
	SEMI-ANNUALLY/2 TIMES PER YEAR...	6
	SEMI-MONTHLY/2 TIMES PER MONTH...	7
	REFUSED.....	-7
<b>MIPPUNIT</b>	DON'T KNOW.....	-8
<b>MIPPUNOS</b>	OTHER (SPECIFY)_____	91

BOX HI19	CYCLE THROUGH QUESTIONS HI21-HI33 FOR EACH PRIVATE PLAN REPORTED IN HI20. IF HI34=1 IN PREVIOUS ROUND OR IF HI34=1 or 2 OR MISSING FOR THIS ROUND, GO TO HI35. IF HI34=2 OR MISSING (-7, -8, -9) IN PREVIOUS ROUND OR -1 (INAPPLICABLE) FOR THIS ROUND, GO TO HI34.
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HI34. (Other than the plans you have already told me about,) (do you/does SP/did SP) have any insurance that (pays/paid) **just** for **nursing home** care or other long term care?

<b>OTHNHCOV</b>	YES.....	1	(HI20)
	NO.....	2	} (HI35)
	REFUSED.....	-7	
	DON'T KNOW.....	-8	

HI35. We've talked about [READ PLANS LISTED BELOW]. (Do you/Does SP/Did SP) have medical coverage under any other private insurance plans we haven't talked about?

<b>PRVOCOV</b>	YES.....	1	(HI20)
	NO.....	2	BOX HI20
	REFUSED.....	-7	BOX HI20
	DON'T KNOW.....	-8	BOX HI20

BOX HI20	<p>IF SP SERVED IN THE ARMED FORCES (I.E., SP SERVED IN ARMED FORCES AND EN9 OR EN11=1) AND HI36 = 2, -7, -8, OR -9 IN PREVIOUS ROUND, OR THIS IS FIRST UTILIZATION INTERVIEW FOR SP, GO TO HI36.</p> <p>IF SP DID NOT SERVE IN THE ARMED FORCES (I.E., EN9 OR EN11=2, -7, -8, OR -9 OR SP SERVED IN THE ARMED FORCES AND HI36 = 1 IN PREVIOUS ROUND, OR SP SERVED IN ARMED FORCES AND THIS IS FIRST COMMUNITY INTERVIEW, GO TO BOX HI21.</p>
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HI36. We recorded that (you/SP) served in the Armed Forces of the United States. Since January 1, (CURRENT YEAR), [(have you/has SP) received/did (SP) receive] health care or health services at a Veterans Administration facility?

**VACOVER** YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HI21	<p>IF SUPPLEMENTAL SAMPLE, GO TO ACINTRO. IF NOT SUPPLEMENTAL SAMPLE AND PREVIOUS INTERVIEW WAS COMMUNITY, GO TO BOX UTS1A.          OTHERWISE, GO TO DUINTRO.</p>
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